

**THIS DECISION HAS BEEN APPEALED. THE  
FOLLOWING IS THE RELATED SOAH DECISION:**

**SOAH DOCKET NO. 453-04-5894.M5**

MDR Tracking Number: M5-04-0757-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 11-10-03.

The IRO reviewed neuromuscular re-education, manual traction, myofascial release, and office visits from 3-28-03 through 7-1-03.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. The IRO concluded that the myofascial release and the manual traction **were** medically necessary. The IRO agreed with the previous determination that the neuromuscular re-education and office visits w/manipulations **were not** medically necessary. Consequently, the requestor is not owed a refund of the paid IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 1-30-04, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice. The requestor failed to submit relevant information to support components of the fee dispute in accordance with Rule 133.307(g)(3)(A-F). No reimbursement recommended for the fee component.

This Decision is hereby issued this 8<sup>th</sup> day of April 2004.

Dee Z. Torres  
Medical Dispute Resolution Officer  
Medical Review Division

**ORDER**

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within

20 days of receipt of this order. This Order is applicable for dates of service 3-28-03 through 7-1-03 in this dispute.

This Order is hereby issued this 8<sup>th</sup> day of April 2004.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

January 29, 2004

Rosalinda Lopez  
Texas Workers' Compensation Commission  
Medical Dispute Resolution  
Fax: (512) 804-4868

Re: MDR #: M5-04-0757-01  
IRO Certificate No.: 5055

\_\_\_ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, \_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of \_\_\_ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic Medicine.

**Information Provided for Review:**

Correspondence  
Office and physical therapy notes

**Clinical History:**

This female claimant suffered a work-related injury on \_\_\_. She was evaluated and began physical therapy on 06/21/95. Over the years she has undergone numerous test and treatments. She sought chiropractic care with the current treating doctor in March 2003.

**Disputed Services:**

Neuromuscular re-education, manual traction treatment, myofascial release and office visits during the period of 03/28/03 through 07/01/03

**Decision:**

The reviewer partially agrees with the determination of the insurance carrier and is of the opinion that neuromuscular re-education and office visits with manipulations were not medically necessary. Myofascial release and manual traction were medically necessary in this case.

**Rationale:**

In regards to the neuromuscular re-education (NMR) performed on the patient, the AMA 2003 current procedure terminology manual defines NMR as re-education of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and standing activities. According to the medical records, there are no indications that the patient suffered from any balance, proprioceptive, or coordination problems regarding her injuries. Objective findings were only muscle spasms and dyskinesia. Next, regarding the adjustments performed during the office visits, these do not note objective findings (motion palpation findings, subluxations, joint stiffness, etc.) to substantiate manipulation to the thoracic and lumbar spine. Again, the only objective findings were muscle spasms and dyskinesia.

Lastly, all other treatments, including myofascial release and manual traction were found to be medically necessary to this patient. In short, due to the reasons stated above, the NMR and office visits with manipulations from 03/28/03 to 07/01/03 were not medically necessary to treat the patient. However, the myofascial release and manual traction were necessary to treat this patient.

Sincerely,